

CLAIMS

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2					
4	2		/			
5	2					
6	2					
7	(1)					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
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50						
TOTAL IND.			7			
TOTAL DEP.			22			
TOTAL CLAIMS	10	29				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS